



2013 CHALLENGER BASKETBALL REGISTRATION

All players with special needs in Pre-K – 12th grade are invited.
*** No residency restrictions ***



From the City of College Station Parks & Recreation and the
Project Sunshine Organization

cstx.gov/sports



2013 CHALLENGER BASKETBALL DETAILS

- REGISTRATION:** January 7 - 25, 8:00 a.m. – 5:00 p.m., Monday – Friday, except some holidays.
Register in person, by mail* or ONLINE at rectrac.cstx.gov/
- * If mailed, your entry form must be postmarked by **Wednesday, January 23.***
**Send entry form to: College Station PARD, Attn: Front Desk, 1000 Krenek Tap Road, College Station, TX, 77840*
**Being a resident of College Station is not a requirement to participate*
- FEE:** \$15 for each child.
- GRADES:** Pre-K through 12th grade
- SEASON:** 5 Saturdays (Jan 26, Feb 2, 9, 16, 23) from 9:00 – 10:30 a.m.
5 Tuesdays (Jan 29, Feb 5, 12, 19, 26) from 6:30 – 7:45 p.m.
This is your schedule so please keep this information. This program is run primarily with volunteers. Please be prepared to stay and supervise your child, if needed.
- LOCATION:** South Knoll Elementary School (1220 Boswell, College Station, TX 77845)
- LEAGUE
FORMAT:** Format of the league will be tailored to the needs of the individuals. We will have activities to develop skills & advance towards games. **Wheelchairs, walkers, and crutches are welcome.**
- UNIFORMS:** T-shirts are provided for all participants.
- HOW/WHEN
WILL YOU BE
CONTACTED:** **Your schedule is listed above on this sheet. You simply need to come out and have fun.** A program representative will try and make contact with you before the first day of play, but do not wait for an email or call, just use this information sheet as your schedule.
- IF YOU HAVE
QUESTIONS:** A program representative will be available for contact in most instances.
Contact: Coordinator – Melissa Jarrett-Bell – 979-219-6063 or Gene Ballew - 979-764-3424.
- SPECIAL NOTE:** Participants will be subject to having photos taken and used to market programs by City of College Station officials, or by media. By registering your child, you are agreeing to the possibility that their picture might be taken and used. If you have any questions regarding this policy please contact one of our staff members. Internet website: cstx.gov/sports
- COACHES/
INSTRUCTORS:** The Project Sunshine will be providing volunteers to help run the program and teach skills to the individuals. We are also accepting other volunteers!

FUNDED BY: This program is primarily funded by the City of College Station Parks and Recreation. We also to thank PROJECT SUNSHINE for their volunteer support of this program.

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Child's First Name: _____ Last: _____

Address: _____

City: _____ Zip: _____ Gender: Male Female

Age: _____ Birth Date: _____ School: _____

Primary's Contact Name: _____ Secondary's Contact Name: _____

Primary's Phone: _____ Secondary's Main Phone: _____

Primary's Email: _____ Secondary's Email: _____

Players T-Shirt Size: Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

By registering this player you have waived and released any and all claims for damages you, your family, and this player may have against the City of College Station, other organizations, and staff that help operate and/or conduct this program. Additionally, you allow the City of College Station to use any photographs of your child participating in this program for advertising and promotional purposes you understand that these photographs may be used in print, television and/or the internet.

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VOLUNTEERS ARE NEEDED

Please complete the form below if you are interested in volunteering. A criminal background check will be conducted. If you complete the form, we will use you, unless your background check is unacceptable. This program needs buddies, coordinators, and coaches to help.

Name: _____ Phone: _____

E-mail address: _____

Gender: M F Birth Date (MM/DD/YY): _____

Full Mailing Address (No PO Box): _____

Signature: _____

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Please Complete Back Page!

**THIS FORM WILL BE USED TO HELP THE CHALLENGER SPORTS STAFF BETTER SERVE YOUR CHILD.
PLEASE COMPLETE ENTIRELY – CHECK ALL BOXES THAT APPLY. THANK YOU!**

General Information

Full Name: _____

Age: _____

Ambulation

- ☐ Walks Assisted ☐ Walks Unassisted
☐ Walks Using (☐ Walker ☐ Crutches ☐ Braces)
☐ Wheelchair (☐ Manual ☐ Electric)
☐ Transfers (☐ Alone ☐ Needs Assistance)

Communication

- ☐ No Problems ☐ Non-Verbal ☐ Sign Language
☐ Limited abilities, but can communicate daily needs
☐ Communication Device _____

Vision ☐ Normal ☐ Limited ☐ Blind ☐ Glasses

Hearing

☐ Normal ☐ Deaf ☐ Hard of Hearing ☐ Hearing Aids

Behavior

- ☐ No Problems
☐ Problems Triggered by: _____

☐ Positive Reinforces: _____

How can Challenger best support and engage

participant in activity? (E.g. redirection, persistence, seek caretaker)

Seizures

- ☐ None ☐ One or two as a small child

Type: _____

Last one: _____

Usual Frequency: _____

Usual Duration: _____

Pre-Seizure Activity: _____

Triggered by: _____

Medications: _____

Chief Diagnosis (LIST ALL e.g. Seizures, Asthma, MR, CP, A,)

1. _____
2. _____
3. _____
4. _____
5. _____

Other Comments or Concerns:

What would you like your child to get out of this activity?

I, _____, understand that my child, _____, may not participate in a Challenger Sports Program until his/her application is completely filled out. I understand that it is my responsibility as the parent/guardian to update my child's application as needed. All information submitted to the Challenger Sports Series would be kept confidential among the Challenger Sports Staff/Volunteers and the City of College Station's Staff.

Parent/Guardian Printed Name _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____